

## **Family Drug Treatment Court**

Snohomish County Superior Court  
3000 Rockefeller Ave  
Everett, WA 98201

### **Attorney Screening Permission Form**

Client's Name / DOB	
Attorney's Name	

I hereby give consent for the Family Drug Treatment Court Coordinator to meet with my client for the purpose of conducting a screening to evaluate the client's suitability for the Family Drug Treatment Court program.

I understand that acceptance into the Family Drug Treatment Court program is based on a variety of criteria and that attendance at this screening appointment alone is not a guarantee of admission into the program.

Attorney's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion of this document, please fax, mail or deliver to:

**Edmund Smith**

Family Drug Treatment Court Coordinator

c/o Snohomish County Superior Court

3000 Rockefeller, M/S # 502

Everett, WA 98201

Direct: (425) 388-3486

**Fax: (425) 388-3597**